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Bib Data Sheet

|                             |                                       |              |                        |                                       |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/619,466 | FILING DATE<br>07/16/2003<br><br>RULE | CLASS<br>165 | GROUP ART UNIT<br>3743 | ATTORNEY<br>DOCKET NO.<br>BHT-3214-70 |
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APPLICANTS

Chin-Ching Li, Taipei, TAIWAN;

\*\* CONTINUING DATA \*\*\*\*\* NO, TM

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NO, TM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 10/16/2003

|   |                               |                                   |                      |                            |
|---|-------------------------------|-----------------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>TAIWAN | SHEETS<br>DRAWING<br>8            | TOTAL<br>CLAIMS<br>7 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions<br>met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | Verified and<br>Acknowledged  | Examiner's Signature<br><i>TM</i> | Initials             |                            |

ADDRESS

TROXELL LAW OFFICE PLLC  
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 5205 LEESBURG PIKE  
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 22041

TITLE

Vacuum sealing-structure for heat-sinking conduit/chamber

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>375 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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